FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Iowans for Miller

11) Local Ballot Issue

Thomas J. Miller

Candidate Name

CANDIDATE COMMITTEES ONLY:

COMMITTEE NAME (Must be same as on Statement of Organization)

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) Country Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (10) School Board or Other Political School Board or

IMPORTANT: Indicate by # type of committee you are reporting for:

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically. Reset Form

Political Party (if applicable)

Democrat

JA ETHICS AND

2010 MAY 19 AM 9: 28

FORM	
DR-2	DISCLOSURE
(Rev. 12/2009)	REPORT
For Office Use On	ly COL 11
Comm. #	5004
Logged in 5	
Scanned	
Computer	

Office Sought Attorney General	District (if Senate or House)	- 	Audited	•
Late reports are subject to possible civil and criminal penalties candidate's committee, and the chairperson, for any other typ	s. Pursuant to Iowa Code sections 68B.32 e of committee, is the individual responsi	A(7) and 6	8A.401(3), the candidate, for a	
Erika Raber	(515) 988-0941		5/19/10	
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED	
I AM FILING A May 19, 2010	REPORT FOR (1) ELECTIO	N /(2)NON	-ELECTION YEAR	
(report date)	Indicate by			
☐CHECK IF AMENDMENT TO REPORT DATED		Local Con	mmittees, enter Date of Election	_
Check if this is final (termination) report and attach Not (You must continue to file reports until a DR-3 is	tice of Dissolution Form DR-3. filed.)		Local Committees, enter County in ction is held	
STATEMENT OF CASH ON HA	AND			=
CASH ON HAND at the beginning of the reporting period. committee. This amount MUST be the same as of the last reporting period or must be zero if this	the cash on hand at the end	s	89,709.69	
ADD TOTAL MONEY TAKEN IN THIS PERIOD		•		
Schedule A: Cash Contributions total (Attach Sc			15,748.00	
Schedule F: Loans Received total (Attach Sched				_
Schedule H: Total Sales of Campaign Property				
(Schedule H applies to Candidates' C		••••••	•4.	-
	SUB-TOTAL	\$	105,457.69	
SUBTRACT TOTAL MONEY SPENT THIS PER	RIOD	•		_
Schedule B: Expenditures total (Attach Schedule	e B) (**also see debts and loans below)	257.08	
Schedule F: Loan Repayments total (Attach Sch				_
CASH ON HAND at the end of this reporting period (if final			105,200.61	_
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$		-
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Se			1,345.00	_
**OUTSTANDING LOANS (From Schedule F - Attach Sch				_
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES ✓ NO	_
CANDIDATE COMMITTEES ONLY:				
VALUE OF CAMPAIGN PROPERTY (From Schedule H - A	Attach Schedule H)	\$		
STATE COMMITTEES: Submit a reconciled campaign ac		h year.		_

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Iowans for Miller	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
CHE	LCK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
04/07/10	ID# CK#	David J. Epstein 10960 Wilshire Blvd, #1100 Los Angeles, CA 90024		\$2,500.00	✓
04/07/10	ID# CK#	Lyden Lyman 76 Pantry Rd Sudbury, MA 01776		\$500.00	1
04/07/10	ID# CK#	Michael C. Turpen 801 NW 38th St OKC, OK 73118		\$100.00	1
04/07/10	ID# CK#	Rufus L. Edmisten 132 S. Salisbury St. Raleigh, NC 27601		\$500.00	1
04/07/10	ID# CK#	Nancy Kiely Fermano 7 Wainwright Blvd, Unit 5 Winchester, MA 01890		\$500.00	1
04/07/10	ID# CK#	Jeremy D. Katz 79 Davis Ave. Whiteplains, NY 10605		\$250.00	1
04/25/10	ID# CK#	Janet Rosenbury 938 Glen Oaks Terrace West Des Moines, IA 50309		\$500.00	
04/25/10	ID# CK#	Mark McCormick 4331 Greenwood Drive Des Moines, IA 50312		\$250.00	4
04/26/10	ID# CK#	Patrick Deluhery 629 Foster Drive Des Moines, IA 50312		\$200.00	1
04/26/10	ID# CK#	Raymond DiPaglia 4500 Merle Hay Rd Des Moines, IA 50310		\$100.00	1
			SUB-TOTAL	\$ \$5,400.00	

TOTAL (if last page of this schedule)

Page 1 of 7 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(moduling cardidate's personal funds)	
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF
October 1 LE TAME (Must be same as on statement of Organization)	AMENDING FORM
Iowans for Miller	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
04/26/10	ID# CK#	Rich Eychaner P.O. Box 1797 Des Moines, IA 50305		\$250.00	✓
04/26/10	ID# CK#	Dennis Hogan 877 Glen Oaks Ter West Des Moines, IA 50266		\$100.00	1
04/27/10	ID# CK#	Roger I. Ceilley 6000 University Ave, Suite 450 West Des Moines, IA 50266		\$50.00	1
04/27/10	ID# CK#	William Lillis 3000 Patricia Drive Des Moines, IA 50322		\$100.00	/
04/28/10	ID# CK#	Terri L. Combs 3310 John Lynde Road Des Moines, IA 50312		\$250.00	
04/28/10	ID# CK#	Robert Josten 801 Grand, Suite 3900 Des Moines, IA 50309		\$1,000.00	/
04/29/10	ID# CK#	Alan Zuckert 1515 Linden St Des Moines, IA 50309		\$500.00	4
05/01/10	ID# CK#	Dennis Groenenboom 1134 38th Street Des Moines, IA 50311		\$100.00	
05/01/10	ID# CK#	Cheryl Pederson 1 56th Street Des Moines, IA 50312		\$50.00	
05/01/10	ID# CK#	Raymond Walton 1027 Angela Drive Indianola, IA 50125		\$250.00	4
			SUB-TOTAL	\$ 2,650.00	

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Page 2 of 7 (for Schedule A)

TOTAL (if last page of this schedule)

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(maraning controlled to personal rules)		
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX I	F
lowans for Miller	ANLINE TO AM	
		_

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
05/01/10	ID# CK#	Julie Fleming 1139 46th St Des Moines, IA 50311		\$100.00	✓
05/03/10	ID# CK#	Julie Pottorff 1090 45th St Des Moines, IA 50311		\$250.00	4
05/03/10	ID# CK#	Steephen B. Jackson 144 Guildford SE Cedar Rapids, IA 52403		\$250.00	1
05/03/10	ID# CK#	Connie Wimer 100 4th St Des Moines, IA 50309		\$100.00	/
05/03/10	ID#	George La Marca 1820 NW 118th St, STE 200 Des Moines, IA 50325		\$250.00	✓
05/03/10	ID# CK#	Frank J Carroll 215 10th St, Suite 1300 Des Moines, IA 50309		\$100.00	1
05/03/10	ID# CK#	David Goldman 100 Court Avenue, Suite 403 Des Moines, IA 50309		\$250.00	1
05/04/10	ID# CK#	Richard Malm 5812 N Waterbury Rd Des Moines, IA 50312		\$50.00	1
05/04/10	ID# CK#	Mary Kelly 669 Foster Drive Des Moines, IA 50312		\$249.00	/
05/04/10	ID# CK#	Daniel M. Kelly 3900 Ingersoll Avenue, Suite 300 Des Moines, IA 50312		\$249.00	1
			SUB-TOTAL	\$ 1,848.00	

TOTAL (if last page of this schedule)

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(modeling definitions a personal funds)	
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF
Iowans for Miller	7.3.2.3.4.0 / 61.4.7

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
05/04/10	ID# CK#	David Claypool 5754 Gallery Court West Des Moines, IA 50266		\$250.00	✓
05/04/10	ID# CK#	Lorraine May 331 28th Street Des Moines, IA 50312		\$50.00	1
05/05/10	ID# CK#	Marc Harding 3321 Lincoln Place Des Moines, IA 50312		\$100.00	/
05/05/10	ID# CK#	Robert Wilson 210 2nd St SE, Suite 810 Cedar Rapids, IA 52401		\$100.00	1
05/05/10	ID#	Margaret Hull-Jackson 9 SW 56th Street Des Moines, IA 50312		\$100.00	/
05/05/10	ID# CK#	Mark Chipokas 866 1st Ave. NE Cedar Rapids, IA 52402		\$50.00	4
05/05/10	ID# CK#	Cristina Kuhn 1005 NE 24th Ct Ankeny, IA 50021		\$100.00	1
05/06/10	ID# CK#	Andrew Anderson 2075 NW 149th St Clive, IA 50325		\$250.00	
05/06/10	ID# CK#	George Appleby 10163 NW 102nd St Clive, IA 50325		\$100.00	1
05/06/10	ID# CK#	Scott Brennan 804 38th St West Des Moines, IA 50265		\$100.00	4
			SUB-TOTAL	s 1,200.00	

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Page 4 of 7 (for Schedule A)

TOTAL (if last page of this schedule)

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	\neg
Iowans for Miller	

SCHEDULE	
A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATÉ RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
05/06/10	ID# CK#	Laura Belin 1705 Plaza Circle Windsor Heights, IA 50324		\$200.00	INCOME.
05/06/10	ID# CK#	Debra Moore 9725 Aurora Avenue Urbandale, IA 50322		\$500.00	1
05/06/10	ID# CK#	Scott Hartsook 1134 38th Street Des Moines, IA 50311		\$100.00	1
05/06/10	ID# CK#	Howard Hagen 1150 28th St West Des Moines, IA 50266		\$250.00	/
05/06/10	ID# CK#	Susan Ekstrom 100 Court Ave., Suite 121 Des Moines, IA 50309		\$100.00	4
05/07/10	ID# CK#	Robert Sherman 303 Columbus Ave., #1001 Boston, MA 02116		\$500.00	1
05/11/10	ID# CK#	Peter Grady 106 E Lincoln St Marshalltown, IA 50518		\$75.00	1
05/11/10	ID#	Robert Brammer 1717 Mar Ella Trail Des Moines, IA 50310		\$150.00	1
05/11/10	ID# CK#	Marti Anderson 1717 Mar Ella Trail Des Moines, IA 50310		\$100.00	1
05/11/10	ID# CK#	Paul Kraus 4126 Maryland Pike Des Moines, IA 50310		\$75.00	4
			SUB-TOTAL	\$ 2,050.00	

TOTAL (if last page of this schedule)

Page 5 of 7 (for Schedule A)

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)		<u> </u>	
(State and State in	,	CK THIS BOX NDING FORM	
Iowans for Miller	AVIL	ADING FORW	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
05/11/10	ID# CK#	Karen Redmond 3518 152nd St Urbandale, IA 50323		\$50.00	INCOME.
05/11/10	ID# CK#	B. Bellus 2724 44th Street Des Moines, IA 50310		\$100.00	/
05/11/10	ID# CK#	Pamela Griebel 325 49th Street Des Moines, IA 50312		\$150.00	V
05/11/10	ID# CK#	Corwin Ritchie 195 62nd Street West Des Moines, IA 50266		\$100.00	1
05/11/10	CK#	Cathleen White 246 153rd Ave., #4 Carlisle, IA 50047		\$50.00	1
05/11/10	ID# CK#	Matt Gannon 400 Walnut Street, Apt. 602 Des Moines, IA 50309		\$100.00	4
05/11/10	CK#	John McCormally 2403 35th Street Des Moines, IA 50310		\$100.00	1
05/11/10	ID# CK#	William C. Roach 2717 Scenic Place West Des Moines, IA 50265		\$100.00	✓
05/11/10	ID# CK#	Robert Bradley Skinner 1810 Andrews Drive Pleasant Hill, IA 50327		\$100.00	✓
05/11/10	ID# CK#	Robert Burnett, Jr. 300 Walnut St., Suite 270 Des Moines, IA 50309		\$100.00	4
			SUB-TOTAL	\$ 950.00	

TOTAL (if last page of this schedule)
y relative making a contribution to the

Page 6 of 7 (for Schedule A)

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

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CONTRIBUTIONS -- MONEY TAKEN IN

(mouding candidate's personal funds)	(INEV. 07/03)	KECEIP 18
COMMITTEE NAME (Must be same as on Statement of Organization) Iowans for Miller		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOF
,	NUMBER		(if applicable)		RAISER
	ID#	Geri Huser			INCOME
05/12/10	CK#	213 7th St. NW		\$150.00	/
		Altoona, IA 50009			
	ID#				
05/12/10	CK#	Ed Skinner Box 367		\$1,000.00	/
		Altoona, IA 50009		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L
	ID#		-		
05/12/10	CK#	Lois Skinner P.O. Box 367		\$100.00	
Altoona, IA 50009		}	L		
	ID#			l	
05/13/10	CK#	Tam Ormiston		\$400.00	1
	0.0	4104 Greenwood Dr. Des Moines, IA 50312			L
	ID#	123 Violes, 12 3(312			
	CK#				
			1		L
	ID#				
	CK#				
v					<u> </u>
	ID#				
	CK#				
					
	ID#				
	CK#				
	15#				Manager 1
	ID#				
	CK#				L
	ID#				
	CK#				
	UN#				L
			SUB-TOTAL		
				\$ 1,650.00	

TOTAL (if last page of this schedule)

of 7 (for Schedule A)

SCHEDULE

Α

MONETARY

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Iowans for Miller

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
04/23/10	ID# CK#	Eric Tabor 1619 Thornwood Rd Des Moines, IA 50265	Reimbursement for postal services (5tanps)	\$ 132.00
	ID#	Carter Printing	Dainei de la companya	
05/17/10	CK#	1739 East Grand Avenue Des Moines, IA 50316	Printing invitations for reception	\$125.08
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$ 257.08

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Dago	1	٥f	. 1
Page		Oi	

\$ 257.08

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM			
		SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization) Iowans for Miller		(Rev. 06/97)	IN-KIND CONTRIBUTIONS
	Reset Form		THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
04/30/10	Tyler Olson P.O. Box 2389 Cedar Rapids, IA 52406		Food and Room Rental	\$ 200.00	CONTRIBUTION
05/06/10	Jeff Thompson 1 SW 56th Street Des Moines, IA 50312		Food and drinks for reception	1,000.00	
5/11/10	Eric Tabor 1619 Thornwood Rd West Des Moines, IA 50265		Food and drinks for reception	145.00	
			SUB-TOTAL	\$ 1,345.00	
			TOTAL (if last	\$	
			page of this schedule)	1,345.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)